IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

Da) M. Peter Kistychin	-
(b) Attorney-IN-FACT OF (a)	
,	-
(In the space above enter the full name(s) of the plaintiff(s).)	
	Civ. Action No.
PN. DUPRee -against-	(To be assigned by Clerk's Office)
@ PATRICKSMITH	COMPLAINT
3) FLGEROA	(Pro Se Prisoner)
4 BRUCE BURTON	Jury Demand?
DAVIDPIENCE OJOHNANDJANE DUES	Yes
(In the space above enter the full name(s) of the defendant(s).	- □ No
If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space	
above and attach an additional sheet of paper with the full list	
of names. The names listed in the above caption must be	
identical to those contained in Section IV. Do not include	
addresses here.)	

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

I. **COMPLAINT**

Indicate below the federal legal basis for your claim, if known. This form is designed primarily for pro se prisoners challenging the constitutionality of their conditions of confinement, claims which are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) 0

or in a "Bivens" action (against federal defendants).
Check one:
42 U.S.C. § 1983 (state, county, or municipal defendants)
Action under <i>Bivens v. Six Unknown Federal Narcotics Agents</i> , 403 U.S. 388 (1971) (federal defendants)
II. PLAINTIFF INFORMATION
KOSTYSHYN, PETER MR. Name (Last, First, MI) Aliases
Name (Last, First, MI) Aliases
<u>451255</u> Prisoner ID #
1
Place of Detention
•
Institutional Address
New CASTLE SMYRVA DE 19977 County, City State Zip Code
County, City \ State \ Zip Code
III. PRISONER STATUS
Indicate whether you are a prisoner or other confined person as follows:
☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
Convicted and sentenced state prisoner
Convicted and sentenced federal prisoner

IV. DEFENDANT(S) INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant 1:	Durree, N Def-2	FIGEROA, X
	Name (Last, First)	ί
	CORRECTION OFFICER	
	Current Job Title	
	Current Work Address	o->
	Vew ASTLE, SMYRWA, DE / County, City State	7 19977
	County, City State	Zip Code
Defendant 2:	SMITH PATRICK Name (Last, First)	
Defendant 2:	SMITH, PATRICK Name (Last, First) LT.	
Defendant 2:	Name (Last, First)	
Defendant 2:	Name (Last, First) LT.	D
Defendant 2:	Name (Last, First) LT. Current Job Title JTVCC, 1181 PADDOCK ROA	D 19977

Defendant(s)	Continued
Defendant4:	BUL-ton, BRUCE Name (Last, First)
	JTVCL— APTAW Current Job Title
	JTVCE, 1181 PADDOCK ROAD Current Work Address
	New CASTCE SMYRNA DE 19977 County, City State Zip Code
Defendant 5 :	PLACE DAVID DOFG JUHNANDJAND DOES
	Name (Last, First) WALLEY ENCLYEES AT STUTE
	JTUCC, 1181 PADDOCK ROAD
	Current Work Address NewCASTLE, SMYRVA, DE 19977 County, City State Zip Code
	County, City Zip Code

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V.	OLA	. I PAVIDAN I	Ur Ui	JAXXIVI.

Place(s) occurrer	THE HOLDER DOIL DOAN CONTRACTO
Date(s)	of occurrence: 12/3/16, to DATE & PRIOR 30 DAYS
State whi	ch of your federal constitutional or federal statutory rights have been violated:
U.S.	CONST.'S, 42. USC 1983
	M VIOLATED BY CONTINUES CRUEL & IN HUMBER & LOA THEN TSABUSES
personali	e briefly the FACTS that support your case. Describe how each defendant was ly involved in the alleged wrongful actions, state whether you were physically injured as of those actions, and if so, state your injury and what medical attention was provided to
FACTS:	
	el attach, See P. 19, a 12/3/16 grussono
	whili self explanatory.
What happened to you?	Due to the threate being nade against My family, me this filling will be sup- planented when Safe. Currently Def It's are Notified by the Parplegals by the ITUCC Legal Services Udministrator mishael Lettle, Divardural
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Who did what?

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(Del. Rev. 11	/14) Pro Se Prisoner Civil Rights Complaint
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	AND as p. 5 19,20, +2 (exhibit & in dove)
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	CUFFED CAUSING INJURIES + his SUPERUSOR,
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ARNING: Prisoners must exhaust administrative procedures before filing an action in federal dout prison conditions. 42 U.S.C. § 1997e(a). Your case may be dismissed if you have thausted your administrative remedies. Is there a grievance procedure available at your institution? Wees \Boxedown N If no, explain why not: Step of the grievance process completed? If no, explain why not: The grievance process completed? If no, explain why not: The grievance process completed?	l. Rev. 11/14) Pro Se Prisoner Civil Rights Complaint			
ARNING: Prisoners must exhaust administrative procedures before filing an action in federal action in federal prison conditions. 42 U.S.C. § 1997e(a). Your case may be dismissed if you have a shausted your administrative remedies. Is there a grievance procedure available at your institution? Average Nature Note N	I. ADMINISTRATIVE PROCE	DURES		
Have you filed a grievance concerning the facts relating to this complaint? Sign of the facts of the facts relating to this complaint? Sign of the facts of the	VARNING: Prisoners must exhaust ad ourt about prison conditions. 42 U.S.O	C. § 1997e(a). Your case may be dism		
If no, explain why not: Soo AH A Stres IN If no, explain why not: NOT GRIEVAR MATTERS. II. RELIEF The alle briefly what you want the court to do for you. Make no legal arguments. Cite no cases of atutes. All III. All DAY ASTAY OF ALL 28 DAY SANCTUNS BY CONTINUE OF ALL 28 DAY SANCTUNS BY	Is there a grievance procedure availab	le at your institution?	Yes	□ No
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	INTERMANO CONDITIONS, AB	uses continue to AWARD !	AMAGE	Sage of all

VIII	PRISONER'S LITIGATION HISTORY
paup detai dism may	three strikes rule" bars a prisoner from bringing a civil action or an appeal in forma eris in federal court if that prisoner has "on three or more occasions, while incarcerated or ned in any facility, brought an action or appeal in a court of the United States that was essed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief the granted, unless the prisoner is under imminent danger of serious physical injury." 28 C. §1915(g).
	e you brought any other lawsuits in state or federal court while a Yes \sum No oner?
T J Num	If yes, how many? NOTSURE WHAT HAS BEEN RECEIVED by the Co TUTC, HRYCI MANY FICINGS DONOT LEAVE the tien POD I MAILROO ber each different lawsuit below and include the following: Ressert The Courts,
•	Name of case (including defendants' names), court, and docket number Nature of claim made How did it end? (For example, if it was dismissed, appealed, or is still pending, explain below.)

IX. PLAINTIFF'S DECLARATION AND WARNING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; and (3) complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Plaintiff must sign	and date the complai	nt and provide prison	i identification numbe	er and prison
address.				
12/	1 16			etec BST45Hyn
Dated		Plaintif	ff's Signature	
No ST	YSHW De	eter, M		
Printed Name (L	asi, Firsi, Mij	•		
45	1255			
Prison Identifica	tion #			
				,
J Tucc.	1181 PADD	OCKRUAD,	SMYRNA, DE	19977
Prison Address 1		City	State	Zip Code

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.